

Early pregnancy problems in Women's Health Unit patients



TARGET AUDIENCE	Primary and secondary care
PATIENT GROUP	All women with a positive pregnancy test up to 11+6 weeks of gestation.

Summary

Women attending the Women's Health Unit (WHU) often present with complications of early pregnancy. Subsequent management of the patient should take place within the Early Pregnancy Assessment Service (EPAS) until viability is established, in which case the patient is referred back to WHU or to community midwife according to her preference, or the pregnancy concludes.

This guideline outlines initial management and escalation pathway for the following scenarios:

1. Empty uterus
2. Suspected miscarriage
3. Suspected ectopic
4. Suspected molar pregnancy
5. Suspected retained products of conception

When patients are referred from the WHU to EPAS, the following form should be completed by medical staff in the WHU and should be sent, with any appropriate scan images, to accompany the patient:

[http://firstport2/staff-support/practice-development-centre/nmahp-clinical-records/Documents/Women%E2%80%99s%20Health%20Unit%20\(WHU\)%20to%20Early%20Pregnancy%20Assessment%20Service%20\(EPAS\)%20referral%2010th%20December%202024%20SAMPLE.pdf](http://firstport2/staff-support/practice-development-centre/nmahp-clinical-records/Documents/Women%E2%80%99s%20Health%20Unit%20(WHU)%20to%20Early%20Pregnancy%20Assessment%20Service%20(EPAS)%20referral%2010th%20December%202024%20SAMPLE.pdf)

Please refer to appendix 1 for the recommended follow-up arrangements for WHU patients.

Early pregnancy problems in Women’s Health Unit patients

Contents

Introduction	3
Empty uterus.....	3
Suspected miscarriage.....	3
Suspected ectopic pregnancy	4
Suspected molar pregnancy	4
Suspected retained products of conception.....	4

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Introduction

Women who attend the Women's Health Unit (WHU) and have concerns about health in early pregnancy or have early pregnancy problems diagnosed, will often require further investigations and treatment via the Early Pregnancy Assessment Service (EPAS).

Empty uterus

- Women with an empty uterus on transabdominal scan (TAS) should proceed to have a transvaginal scan (TVS) within WHU.
- If the uterus is empty on TVS and there are no signs of intra- or extra-uterine pregnancy, then assess likelihood of early gestation, ectopic pregnancy, miscarriage.
- If the woman is asymptomatic, take blood for serum b-hcg measurement.
- If the level is <1000IU/ml, arrange follow-up appointment for serum b-hcg measurement within WHU.
- If the level is >1000IU/ml, treat as pregnancy of unknown location and refer patient to EPAS. Explain to the patient that an early pregnancy problem is suspected and she needs further investigation and possible treatment in the EPAS unit. Manage as per the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.
- If the patient is symptomatic, the patient should be referred to EPAS regardless of the bhcg level, for assessment by the on-call team as per the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.
- If subsequent investigations reveal an ongoing viable pregnancy, offer the woman the choice of returning to the WHU for further management or referral to the community midwifery team if she wishes to continue the pregnancy.

Suspected miscarriage

- Women may present to WHU with bleeding or have a scan suggestive of missed, complete or incomplete miscarriage.
- If TAS scan is inconclusive, offer a TVS.
- If the uterus is empty, manage as for guidance for empty uterus as above.
- If there is a fetal pole >7mm and no fetal heart, manage as for suspected missed miscarriage and refer the patient to EPAS. If possible confirmation scan to be performed on the same day to allow management options to be discussed. If not, follow-up scan appointment to be given in EPAS and subsequent management planned accordingly.
- If there is a fetal pole <7mm and no fetal heart, inform woman of possible miscarriage and offer her a rescan in WHU in seven days or proceed to termination. If no progress in the pregnancy in the interval scan, refer to EPAS for confirmation and management of miscarriage.
- If there is evidence of an incomplete miscarriage or retained products of conception, refer the patient to EPAS and follow guidance in the Miscarriage guideline.

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Suspected ectopic pregnancy

- If ectopic mass seen on TAS or empty uterus, offer woman a TVS to confirm.
- If ectopic pregnancy suspected on TVS, refer the woman as an emergency to EPAS. The woman should be rescanned as a priority with non-urgent reassurance scans being rearranged if necessary.
- The woman should be investigated and managed in EPAS according to the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.

Suspected molar pregnancy

- If molar pregnancy is suspected on TAS and/or TVS, the patient should be referred for further investigation and management to EPAS.
- The patient should be managed according to the NHS Lanarkshire guideline on management of gestational trophoblastic disease.

Suspected retained products of conception

- If the patient returns after medical or surgical treatment, with symptoms of pain, bleeding or discharge and retained products of conception are suspected, the patient should be referred to the on-call gynaecology team for assessment.
- A full history of symptoms should be taken from the patient, including enquiry about tissue passed if medical treatment taken.
- The patient should be examined with full set of observations, including speculum examination.
- Investigations of vaginal swabs, full blood count and pregnancy test should be taken.
- If uncertainty about whether the patient could have an ectopic pregnancy, refer to EPAS for scan and b-hcg tracking if necessary.
- If symptoms and signs indicate retained products, consider further medical or surgical (including MVA) to empty the uterus. Consider administration of broad-spectrum antibiotics.
- If the diagnosis is uncertain and the patient is stable, refer to Women's Health Unit for appointment for review.
- If the diagnosis is uncertain and the patient is symptomatic, refer to on-call gynaecology team for scan and management plan.

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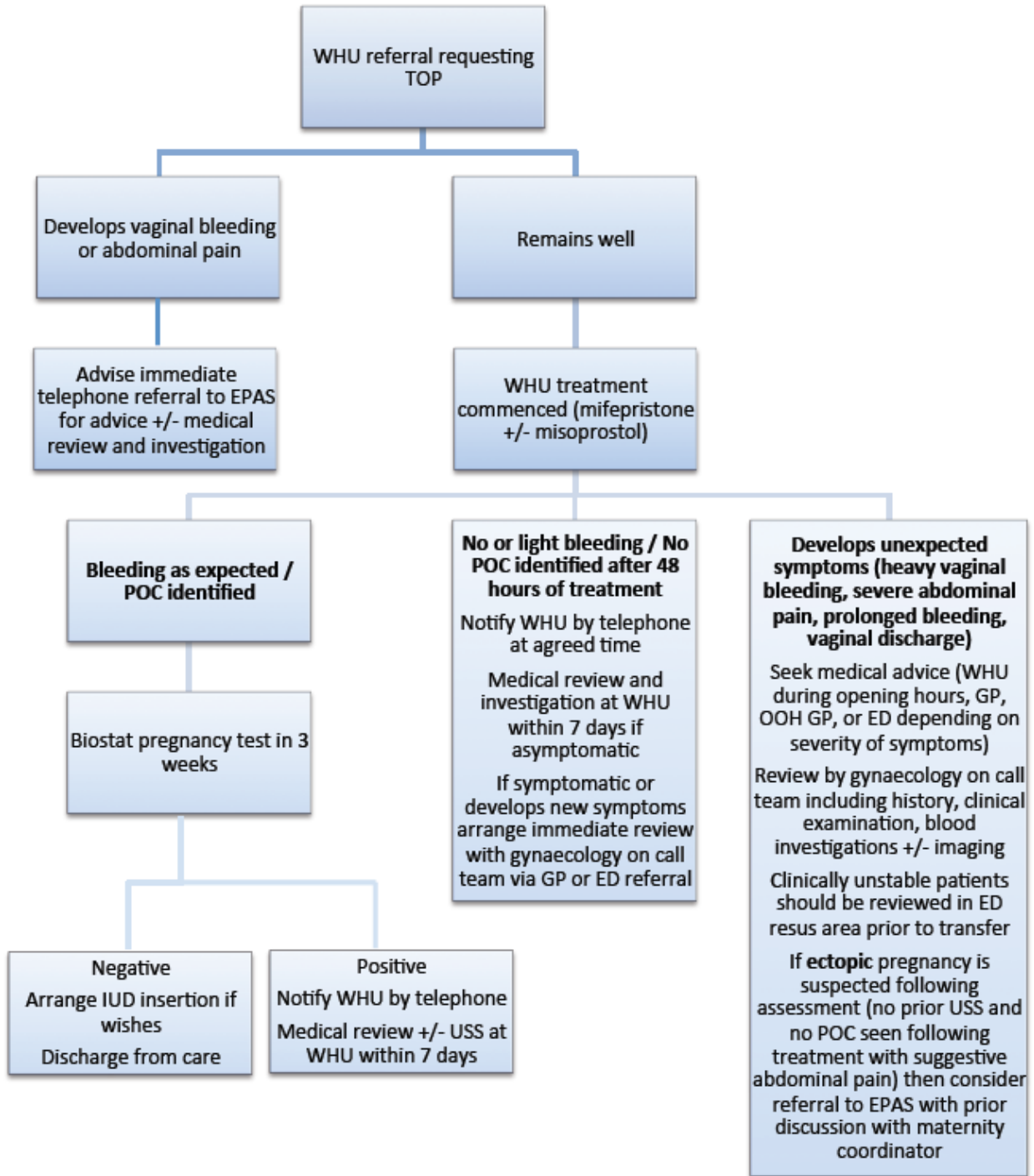
References

1. Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE NG126, 2023.
2. Management of gestational trophoblastic disease. RCOG GTG 38, 2020.

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Appendix 1 – follow-up of WHU patients



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Governance

Lead author(s)	Evelyn Ferguson
Endorsing body	Maternity Clinical Effectiveness Group
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Responsible Person (if different from lead author)	n/a

CONSULTATION AND DISTRIBUTION RECORD	
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Distribution	Midwives, sonographers, trainees, consultants working in EPAS. All consultants in obstetrics and gynaecology. The maternity clinical effectiveness group.

CHANGE RECORD			
Date	Lead Author	Change	Version
Aug 2024	E Ferguson	Initial document	1
Feb 2025	E Ferguson	Additional guidance on management of RPOC	2
Jun 2025	E Ferguson	Nil, routine review	3

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